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Indonesia and global health diplomacy: a focus on capacity building



A recurring critique of global health diplomacy is that the concept is largely centred around the foreign policy interests of high-income states, rather than encompassing the range of stakeholders involved in global health governance.¹ This focus on power and activity can potentially skew the framing of the global health agenda and marginalise issues relevant to low-income and middle-income countries (LMICs), which have a greater burden of illness.² Instabilities in the positioning of some of the more prominent stakeholders—for example, in considering the changing political role of the USA in global health—further indicates the need to understand the perspectives of LMICs with respect to global health diplomacy.³ Thus, leadership roles for emerging players in global health are especially needed to both maintain the focus on health at the highest level of international politics and address globalised health challenges.

Indeed, several emerging economies have been showing greater interests in taking leadership roles within global health governance.⁴ Indonesia, a G20 member state and the largest economy in southeast Asia, is an example of an emerging player within global health diplomacy. Previously, Indonesia was viewed as more state-centred in its approach to health. Examples can be seen in the H5N1 (avian influenza) virus sharing dispute in 2006, when Indonesia refused to share virus samples to the World Health Organisation unless the country received a greater access to the resulting vaccine; and in the closure of the US Naval Medical Research Unit No 2 in 2005, after they allegedly sent the H5N1 specimens out of the country without permission from the Government of Indonesia.^{5,6} But evidence suggests that Indonesia is now stepping up as a regional leader in terms of engaging with wider global health stakeholders.⁷ For instance, the country recently hosted the Global Health Security Agenda (GHS) ministerial meeting in November, 2018, which followed events such as its chairmanship of the GHS in 2016 and the Global Fund board in 2013, as well as involvement of the former President Susilo Bambang Yudhoyono in co-chairing the United Nations Secretary General's high-level panel of eminent persons on the Post-2015 Development Agenda, where health was one

of the key issues discussed. This growing role of Indonesia is politically and socially important given the population size of the country and its strategic geographical location, not to mention its increasing influence in wider global governance.⁸ Indonesia is currently promoting the Indo-Pacific vision of enhancing cooperation between Indo-Pacific states⁹, which can serve as an avenue for key policy makers to bring attention to the urgency of collective action in addressing transnational health issues.

Indonesia's growing interest in a more prominent role, however, needs to be accompanied with the necessary capacity in health diplomacy. The Government of Indonesia, as with other emerging economies, needs to invest in strengthening its diplomacy skills to enhance its involvement in the staging of global health diplomacy. The concept of global health diplomacy encompasses both foreign affairs and the health sector, which could be translated into training traditional diplomats with knowledge around global health issues as well as health experts from government institutions, civil society organisations, and the private sector, to understand the diplomatic negotiations and structures. Such training will need to use the latest adult education methods and tools that target the needs of practitioners in the global health diplomacy environment.

Also crucial to filling this gap in capacity is the role of universities. In Indonesia, strong prevailing partnerships exist between government institutions and universities in the field of health policy.¹⁰ Collaborative efforts between universities and government units (beyond the Ministry of Health) could further strengthen training and education for a skilled global health diplomacy workforce. As such, efforts are underway to facilitate collaboration between health scholars and diplomats¹¹.

These efforts are important in furthering debate and discussion around global health diplomacy since they recentre the debate to highlight the perspectives and role of middle-income countries as growing central players in global health. The role of middle-income countries should increase and expand in the next 10 years given their share in the world's gross domestic products.¹² Over time, this expansion might transform the issue of global health diplomacy from its focus on

the interests of high-income countries to a process that more clearly reflects the range of interests of nation states involved in global health. Involving universities so as to increase capacity for global health diplomacy could be a strategic starting point in creating equality in global health diplomacy, and could moderate the competition of interests among high-income countries and LMICs.

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